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Atty Docket No. 016301-039900US

PTO FAX NO.: 1-703-872-9311

ATTENTION:

Examiner Moore, Karla A.

TELEPHONE NO.: 1-703-308-1633

Group Art Unit 1763

## OFFICIAL COMMUNICATION

## FOR THE PERSONAL ATTENTION OF

## EXAMINER Moore, Karla A.

## CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in Application No. 09/938,399, filed August 23, 2001 for ATMOSPHERIC SUBSTRATE PROCESSING APPARATUS FOR DEPOSITING MULTIPLE LAYERS ON A SUBSTRATE are being facsimile transmitted to the US Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Amendment

2. Request for Continued Examination

3. Fee Transmittal

4. Petition for One Month Extension of Time

Number of pages being transmitted, including this page:

Dated: September 18, 2003

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PTO/SB/17 (05-03)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL							Complete II Known							
							Application Number 09/6				8,399	<del></del>		
for FY 2003							Filing Date Aug			Augu	ust 23, 2001			
Effective 01/01/2003. Patent fees are subject to annual revision.							First Named Inventor Ban			Bame	es, Michael			
Applicant claims small entity status. See 37 CFR 1.27							Examiner Name Moo				e, Kada A.			
							Art Unit 176:							
TOTAL AMOUNT OF PAYMENT (\$) 860							Attorney Docket No. 016301-039900US							
METHOD OF PAYMENT (check all that apply)							FEE CALCULATION (continued)							
Check Credit Card MoneyOrder Other None							3. ADDITIONAL FEES							
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The Commissioner is authorized to: (check all that apply)							1804	920-	1804	920.	•	cation of SIR prior to		
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							1503	630	2503	315	Plant Issue fee			
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SUBTOTAL (2) (3) "or number previously paid. If greater: For Ressues, see above								*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)960						
SUBMITTED BY Complete (if applicable)														
Name (Print/T)	Patr	ick R. Jewtk	//Re	gistratidir Alo. (	Attorne	y/Agent)	40,	456		Telephone	415-576-0200			
Signature								ŀ	Date	9/18/0	3			

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